

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF	IN UNITED STATES	<input checked="" type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	
<u>U.S.</u> v.s. <u>Rodriguez</u>	FOR	LOCATION NUMBER <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
	AT		
PERSON REPRESENTED (Show your full name) <u>Luis Rodriguez</u>		<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> DOCKET NUMBERS Magistrate District Court <u>04-10047RCL</u> Court of Appeals </div> </div>	
CHARGE/OFFENSE (describe if applicable & check box →) <u>distribution of CRACK cocaine</u>		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	
	Name and address of employer:		
	IF YES, how much do you earn per month? \$	IF NO, give month and year of last employment <u>7/01</u> How much did you earn per month? \$ <u>1,200.00</u>	
	If married is your Spouse employed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	IF YES, how much does your Spouse earn per month? \$	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$	
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	RECEIVED	SOURCES	
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$		
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	VALUE	DESCRIPTION	
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT		

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	1		
OBLIGATIONS & DEBTS				
	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>	n/a			

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

3/3/04